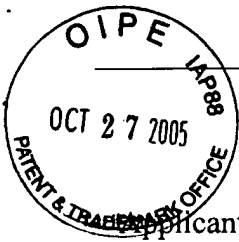


AF/IFW

Please Direct All Correspondence to Customer Number **20995****AMENDMENT / RESPONSE TRANSMITTAL**

Applicant : Sharidan Lorraine Stiles  
 App. No : 10/648,686  
 Filed : August 25, 2003  
 For : PERSONAL SHAVING RAZOR  
 Examiner : Boyer D. Ashley  
 Art Unit : 3724

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

October 25, 2005

(Date)

Ned A. Israelsen, Reg. No. 29,655

**Mail Stop AF**

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing in the above-identified application are the following enclosures:

- (X) Amendment and Response to Final Office Action in 8 pages.
- (X) One sheet of replacement drawings.
- (X) An Information Disclosure Statement and PTO/SB/08 equivalent listing references for consideration:
  - (X) Listing four references.

The fee has been calculated as shown below:

The present application qualifies for Small Entity Status under 37 CFR 1.27.

FEE CALCULATION				
FEE TYPE		FEE CODE	CALCULATION	TOTAL
Excess Claims	24 - 24 = 0	2202 (\$25)	0 x 25 =	\$0
Excess Independent	4 - 4 = 0	2201 (\$100)	0 x 100 =	\$0
Multiple Claim	1.16(j)	2203 (\$180)		\$0
1 Month Extension	1.17(a)(1)	2251 (\$60)		\$
2 Month Extension	1.17(a)(2)	2252 (\$225)		\$
3 Month Extension	1.17(a)(3)	2253 (\$510)		\$
			<b>TOTAL FEE DUE</b>	<b>\$0</b>

- (X) Return prepaid postcard.

Docket No.: STILES.1C1CP1

October 25, 2005

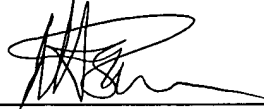
App. No.: 10/648,686

Page 2 of 2

Please Direct All Correspondence to Customer Number **20995**

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- (X) Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.



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Ned A. Israelsen  
Registration No. 29,655  
Attorney of Record  
Customer No. 20,995  
(619) 235-8550

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